

Front Desk Template

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Why use this template?

- Easy formatting of check-in history and testing for CHCSII or PGUI
- Complete history- with prompts

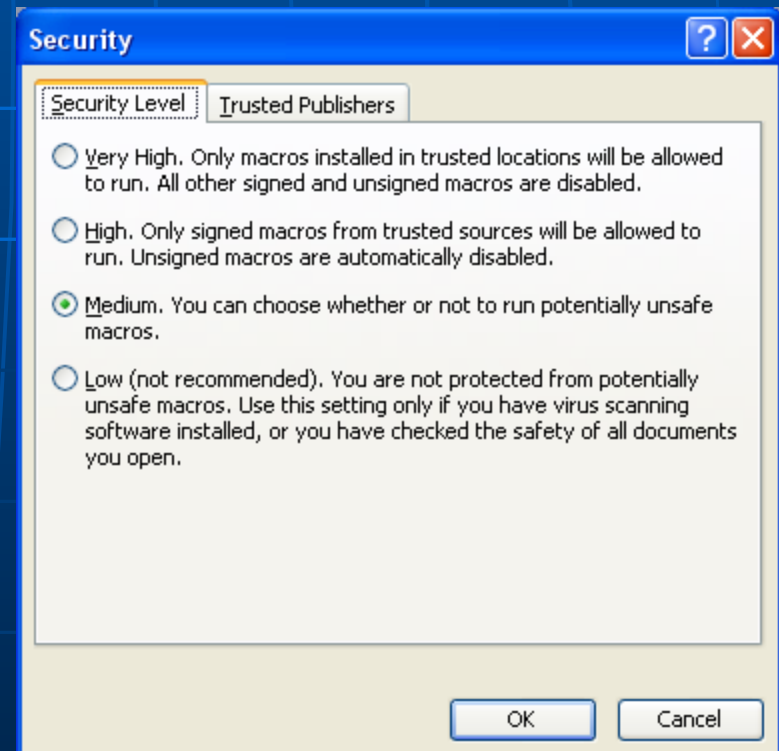
Starting Up

- The file is digitally signed, so you'll need to enable macros:
 - Be sure to check the "Always Trust" box



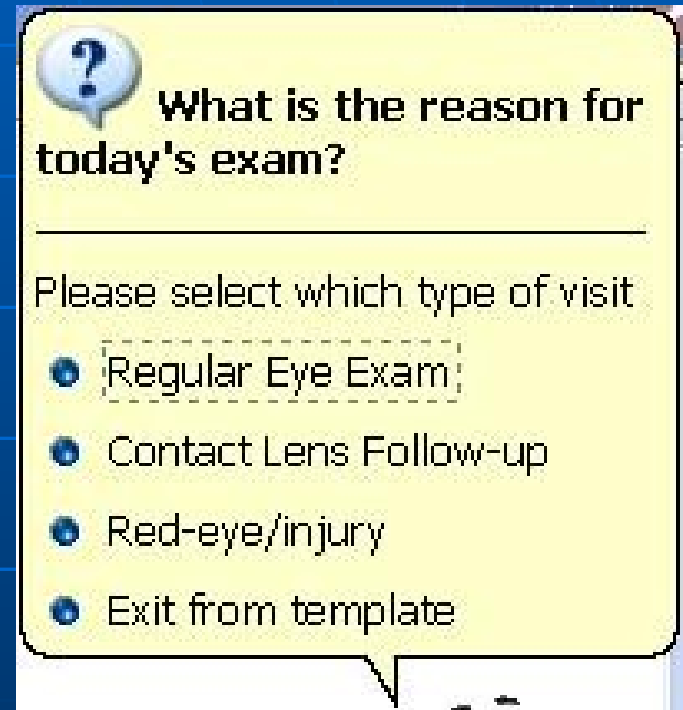
Getting Started

- If that doesn't work, you need to set your security to High or less
 - In Excel go to Tools – Macro – Security and you should see this:
 - Set the level to High or less and you're good to go
- Be sure to enable macros when you start up



Start Menu

- Select the type of Visit to start



What is the reason for today's exam?

Please select which type of visit

- ☒ Regular Eye Exam
- ☐ Contact Lens Follow-up
- ☐ Red-eye/injury
- ☐ Exit from template

Full Exam

- Click the buttons to enter data:
- Be sure to enter a chief Complaint

The screenshot shows a medical history form titled "History" with a blue header bar. Below the header, there are two tabs: "History" (selected) and "Tests". The form contains several questions with corresponding buttons for "Yes" or "No". At the bottom, there is a text input field for the "Chief Complaint".

Question	Answer
Pain	<input type="button" value="No"/>
Any Cardio problems (includes diabetes and HTN)	<input type="button" value="No"/>
Any Breathing problems?	<input type="button" value="No"/>
Does the pt know who they are, where they are and what time it is?	<input type="button" value="Yes"/>
Does the pt look appropriate?	<input type="button" value="Yes"/>
Do you use alcohol?	<input type="button" value="No"/>
Do you use Tobacco?	<input type="button" value="No"/>
Have you ever had an eye injury?	<input type="button" value="No"/>
Have you ever had eye surgery?	<input type="button" value="No"/>
Have you ever had any eye diseases?	<input type="button" value="No"/>
Are there any eye diseases in your family?	<input type="button" value="No"/>
Does anyone in your family have Glaucoma?	<input type="button" value="No"/>
Do you currently wear contact lenses?	<input type="button" value="No"/>
Would you like to be fitted with contact lenses?	<input type="button" value="No"/>
Chief Complaint	<input type="text"/>

Cardio History

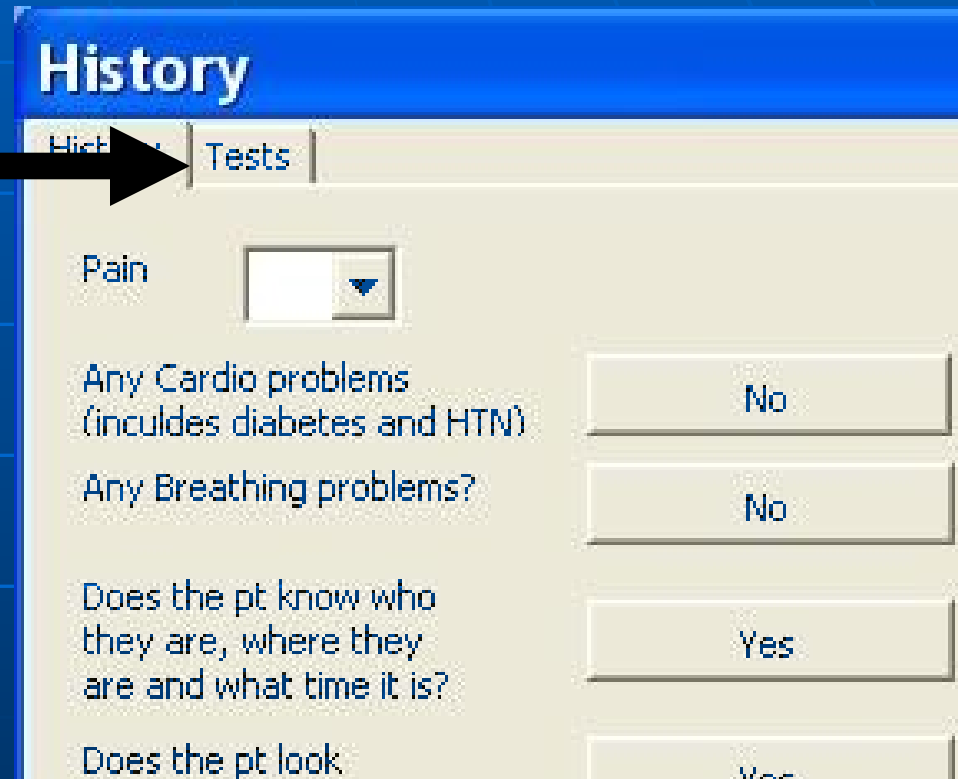
- If you select cardio history- just check the appropriate check box and fill out the questions that appear
- Click “Back to Hx” when finished

The screenshot shows a software window titled 'History' with a close button in the top right corner. The 'Cardiovascular Information' tab is selected. The form contains the following sections:

- Do you have...**
 - ☒ Diabetes
 - ☒ Hypertension
 - ☐ Others
- For Diabetics**
 - How Long have you had diabetes? [Text Input]
 - What was your last HBA1C [Text Input] When was it drawn? [Text Input]
- For Hypertensives**
 - How Long have you had High Blood Pressure? [Text Input]
 - What was your last Blood Pressure Reading? [Text Input] When was it taken? [Text Input]
 - How do you control your blood pressure and blood sugar? [Dropdown Menu]
 - [Button: Medications in computer system are correct]
 - Have you ever been told you have any eye complications from diabetes or high blood pressure? [Button: No]
- When was your last dilated eye exam? [Text Input]
- Who is your Primary Care Manager? [Text Input]
- [Button: Back to Hx]

Tests

- Click the tests tab to move on



The screenshot shows a medical history form titled "History" with a blue header. Below the header, there are two tabs: "History" and "Tests". A black arrow points from the text "Click the tests tab to move on" to the "Tests" tab. The "Tests" tab is currently selected. The form contains several questions and a dropdown menu:

- Pain: (dropdown menu)
- Any Cardio problems (includes diabetes and HTN):
- Any Breathing problems?:
- Does the pt know who they are, where they are and what time it is?:
- Does the pt look:

Entering Refraction Values

- Sphere defaults to Plus
- Cylinder defaults to Minus
- Acuties default to "20/"

Glasses

OD	<input type="text" value="-1"/>	-	<input type="text" value="2"/>	x	<input type="text" value="23"/>	Add	20/	<input type="text" value="20"/>	
OS	<input type="text" value="2"/>	-	<input type="text" value="0.25"/>	x	<input type="text" value="1"/>	+	<input type="text" value="1.25"/>	20/	<input type="text" value="20"/>

- This shows OD -1.00 -2.00 x023 20/20
OS +2.00 -0.25 x001
Add: +1.25
20/20

Tests

- Enter tonometry
- Be sure to select method of acuities
- If glasses are used enter data
- Click “Finished” to prepare for CHCS II

History Tests

Tonometry OD mmHg
OS mmHg

Acuities taken with:
☒ Glasses
☐ Contact Lenses
☐ No Correction

Glasses
OD - x Add 20/
OS - x + 20/

Does the Pt have another pair of glasses with them today?

No

Finished

Ready for CHCS II

- The form will minimize (disappear) and the formatted information will be on the Windows clipboard
- Just go to a text note and hit CTRL+V and the information will be put in

Contact Lens Follow Up

- Really easy:
- Pain Scale
- Any Problems



Contact Lens Follow Up [X]

Pain ▼

Are you having any problems with the contacts?

Red Eye Form

- This form leads you through a complete history for a red eye pt
- As you document information more questions will appear
- Click “Finished” to format & copy

The screenshot shows a web-based form titled "Red Eye History" with a blue header and a pink background. The form contains several sections of questions and input fields. At the bottom, there is a prominent red button labeled "Finished".

Red Eye History

Visual Acuity OD 20/ ☒ Glasses ☐ CLs ☐ None
OS 20/ ☒ Glasses ☐ CLs ☐ None

Which eye is red? ☐ Right ☒ Left ☐ Both

How Long has it been red? for

Do you have: Pain Itching Sensitivity to light

Any discharge ☒ No ☐ Watery ☐ Mucous (stringy) ☐ Pus (colored)

My eyes are ☒ getting better ☐ getting worse ☐ staying about the same

Trauma/FB ☒ No ☐ Trauma ☐ Foreign Body

Do you have allergies? No

Does anything make it better? No

Does anything make it worse? No

Do you wear contacts? No

Have you been around someone with a red eye? No

Are you taking any medication for this red eye? No

Finished

Front Desk Template

If you have questions or problems
please contact the authors

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